

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : I19990000006
Phone : (407)425-7010
Fax Number : (407)425-2747

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: corporate@zkslaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

HARRELL ESTATES, LLC

| | |
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| Certificate of Status | 0 |
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| Page Count | 03 |
| Estimated Charge | \$25.00 |

M. SOLOMON
JUN 27 2024

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

((H24000221027 3)))

Harrell Estates, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 10, 2017 and assigned
Florida document number L17000008100

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMIBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------|---------------------------|--|
| MGR | Pamela B. Hathaway | 250 Palm Coast Pkwy NE | <input checked="" type="checkbox"/> Add |
| | | Suite 607-501 | <input type="checkbox"/> Remove |
| | | Palm Coast, FL 32137-8225 | <input type="checkbox"/> Change |
| Trustee | Pamela B. Hathaway | 250 Palm Coast Pkwy NE | <input type="checkbox"/> Add |
| | | Suite 607-501 | <input checked="" type="checkbox"/> Remove |
| | | Palm Coast, FL 32137-8225 | <input type="checkbox"/> Change |
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FILED
SECRETARY OF STATE
JAN 20 1968
ALBANY, NEW YORK

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Filing Fee: \$25.00